

Equality Monitoring Form

Gender	What is your gender? Female: Male: Prefer not to say:
Gender Identity	Do you identify with the gender you were assigned at birth? (e.g. male or female) Yes: No: Prefer not to say:
Age	What is your age? Under 16: 16 – 25 years: 26 – 39 years: 40 – 64 years: 65 – 74 years: 75+ years: Prefer not to say:
Ethnic Origin	I would describe my ethnic origin as:
	Black / African / Caribbean or Black British Caribbean Somali Other African background (please specify) Other Black background (please specify) Asian or Asian British Bangladeshi Chinese Indian Kashmiri Niddle Eastern Pakistani Other Asian (Please specify)
	White White – English / Welsh / Scottish / Northern Irish / British White – Irish White – Gypsy / Irish Traveller Roma/Romani Traveller Other White (Please specify)
	Mixed / Dual Heritage White and Black Caribbean

	 White and Black African White and Asian Other Mixed Origin (Please specify)	
Disability	Do you consider yourself to be a disabled person? Yes: No: Prefer not to say: Prefer not to say: Please use this space if you would like to give more information:	

Sexual orientation	I would describe my sexual orientation as: Lesbian: Gay: Bi-sexual: Heterosexual/Straight: Other (Please Specify) Prefer not to say:
Faith	Do you identify with any religion or belief? Yes (Please specify below): No: C Christian (Including Church of England; Catholic; Protestant and all other Christian denominations): B Buddhist: Hindu: Sikh: J Jewish: Muslim: Any other Religion (Please Specify): Prefer not to say: C
Relationship Status	What is your relationship status? Single: Married: Life-partner: Civil Partnership: Other (Please specify):
Caring Responsibilities	Do you have caring responsibilities? If yes please tick all that apply.

None
Primary carer of a child/children (under 18)
Primary carer of disabled child/children
Primary carer of disabled adult (18 and over)
Primary carer of older person/people (65 and over)
Secondary carer
Prefer not to say